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| <b>TRANSMITTAL LETTER TO THE UNITED STATES<br/>DESIGNATED/ELECTED OFFICE (DO/EO/US)<br/>CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>   |   | ATTORNEY'S DOCKET NUMBER<br>4829-0108PUS1                           |
| INTERNATIONAL APPLICATION NO.<br>PCT/JP2004/017147  | INTERNATIONAL FILING DATE<br>18 November 2004 | U.S. APPLICATION NO. (if known, see 37 CFR 1.5)<br><b>107528430</b> |
| TITLE OF INVENTION<br><b>DIP FORMING COMPOSITION AND DIP FORMED ARTICLE</b>   |   | PRIORITY DATE CLAIMED<br>21 November 2003                           |
| APPLICANT(S) FOR DO/EO/US<br><b>Kazumi KODAMA; Kenji ARAI; Tomomi ONITAKE and Hisanori OTA</b>  |   |   |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:   |   |   |
| <p>1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371.</p> <p>3. <input checked="" type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.</p> <p>4. <input type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371 (c)(2))</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input checked="" type="checkbox"/> has been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US).</li> </ul> <p>6. <input checked="" type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).</p> <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> is attached hereto.</li> <li>b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4).</li> </ul> <p>7. <input checked="" type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau).</li> <li>b. <input type="checkbox"/> have been communicated by the International Bureau.</li> <li>c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired.</li> <li>d. <input checked="" type="checkbox"/> have not been made and will not be made.</li> </ul> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> <p><b>Items 11 to 20 below concern document(s) or information included:</b></p> <p>11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821 – 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4).</p> |   |   |

PAP200401050005 MAY 2006

PTO-1390 (Rev. 07-2005)

Approved for use through 03/31/2007. OMB 0651-0021

U. S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE

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|---|--------------|---|--------------------------|--------------|--|--------------|--------------|-------------|--|--------------------|-----------|--|---|---|-----------|----------|--|-------------------------------|-----------|-------------|--------------------------|--|-----------|--|---|--|--|--|--------------|--------------|---|------|--|------------|-------|--|------------|----|--|--|----|--|---|--|--------|--------------|--------------|------|--------------|-----------|--|--------|--------------------|---------|--|--------|---|--|----------|--------|-------------------------------|--|-------------|--|--|--|--|--|--|--|--|--|------------|-------------|--|---|--|----|--|--|--|----------------------|-------------|--|--|--|---|----------|--|--|--|----|--|--|--|-----------------------|-------------|--|--|--|------------------------|----|--|--|--|----------------------|----|--|
| NEW   |              | PCT/JP2004/017147   | 4829-0108PUS1            |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| 20. <input checked="" type="checkbox"/> Other items or information: Return Receipt Postcard<br>PCT/ISA/210; PCT/IB/304 and PCT/IB/308   |              |   |                          |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
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| <table border="1"> <thead> <tr> <th>CLAIMS</th> <th>NUMBER FILED</th> <th>NUMBER EXTRA</th> <th>RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td>10 - 20 =</td> <td></td> <td>x 0.00</td> </tr> <tr> <td>Independent claims</td> <td>1 - 3 =</td> <td></td> <td>x 0.00</td> </tr> <tr> <td colspan="2">MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td>+ 360.00</td> <td>360.00</td> </tr> <tr> <td colspan="2">TOTAL OF ABOVE CALCULATIONS =</td> <td>\$ 1,260.00</td> <td></td> </tr> </tbody> </table>   |              | CLAIMS  | NUMBER FILED             | NUMBER EXTRA | RATE                                   | Total claims | 10 - 20 =    |             | x 0.00   | Independent claims | 1 - 3 =   |  | x 0.00  | MULTIPLE DEPENDENT CLAIM(S) (if applicable) |           | + 360.00 | 360.00   | TOTAL OF ABOVE CALCULATIONS = |           | \$ 1,260.00 |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| CLAIMS  | NUMBER FILED | NUMBER EXTRA  | RATE                     |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| Total claims  | 10 - 20 =    |   | x 0.00                   |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| Independent claims  | 1 - 3 =      |   | x 0.00                   |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable)   |              | + 360.00  | 360.00                   |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| TOTAL OF ABOVE CALCULATIONS =   |              | \$ 1,260.00   |                          |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by ½.  |              |   |                          |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | SUBTOTAL =  | \$ 1,260.00              |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).   |              | \$  |                          |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | TOTAL NATIONAL FEE =  | \$ 1,260.00              |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
| Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  |              | +   | \$ 40.00                 |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | \$  |                          |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | TOTAL FEES ENCLOSED =   | \$ 1,300.00              |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | Amount to be refunded:  | \$                       |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |
|   |              | Amount to be charged  | \$                       |              |  |              |              |             |  |                    |           |  |   |   |           |          |  |                               |           |             |                          |  |           |  |   |  |  |  |              |              |   |      |  |            |       |  |            |    |  |  |    |  |   |  |        |              |              |      |              |           |  |        |                    |         |  |        |   |  |          |        |                               |  |             |  |  |  |  |  |  |  |  |  |            |             |  |   |  |    |  |  |  |                      |             |  |  |  |   |          |  |  |  |    |  |  |  |                       |             |  |  |  |                        |    |  |  |  |                      |    |  |

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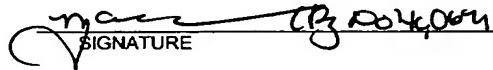
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NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed an granted to restore the International Application to pending status.

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